

PRIMARY STROKE SERVICE
COMPLIANCE QUESTIONNAIRE FOR HOSPITALS

Please identify the current status of the hospital's Acute Stroke Services by completing each item on the enclosed survey questionnaire. If the hospital does not provide an identified component, please indicate in the "comment" section, what the hospital does provide, and/or identify problems/impediments that would limit the hospital's ability to comply with proposed requirements.

Name of Hospital: _____

Address: _____

Town/City: _____

Zip Code: _____

Name of Person Completing Form _____

Title _____

Phone Number _____

<i>QUESTION</i>	<i>YES</i>	<i>NO</i>	<i>N/A</i>	<i>COMMENT</i>
<u>PRIMARY STROKE SERVICES</u> Is the hospital interested in designation as a primary stroke service.				
<u>Acute Stroke Team</u> Does the hospital have a designated Acute Stroke Team. 1. Available 24 hrs/day, 7 days/week. 2. Staff has experience/expertise in the medical management of cerebrovascular disease. 3. System for rapid notification and activation of team (i.e., within 15-20 minutes of the request for service). 4. Staff person designated as the coordinator/director. Identify discipline. 5. Identify the disciplines of team members.				
<u>Acute Stroke Protocols</u> Does the hospital have written Acute Stroke protocols that include: 1. Care of patients with hemorrhagic stroke.				

<i>QUESTION</i>	<i>YES</i>	<i>NO</i>	<i>N/A</i>	<i>COMMENT</i>
<p>(CONTINUED) <u>Acute Stroke Protocols</u></p> <p>Does the hospital have written acute stroke protocols that include:</p> <p>2. Care of patients with ischemic stroke.</p> <p>(a). Mechanism for contacting Acute Stroke Team.</p> <p>(b). Stabilization of patient vital functions.</p> <p>(c). Initial diagnostic tests.</p> <p>(d). Use of t-PA and other medications.</p> <p>3. Protocols reviewed/updated annually.</p>				
<p><u>Emergency Medical Services (EMS) Integration</u></p> <p>1. Does the ED have the ability to communicate with EMS personnel in the pre-hospital setting.</p> <p>2. Is the ED routinely informed of the EMS enroute transport of suspected acute stroke patients.</p>				
<p><u>Emergency Department</u></p> <p>1. Does the hospital ED have personnel trained in diagnosing and treating all types of acute stroke.</p> <p>2. Are ED personnel able to prepare for the arrival of patients with stroke from the EMS system.</p>				

<i>QUESTION</i>	<i>YES</i>	<i>NO</i>	<i>N/A</i>	<i>COMMENT</i>
<p>(CONTINUED) <u>Emergency Department</u></p> <p>3. If a hospital stroke team is designated:</p> <p>(a). Are ED personnel able to notify and activate the stroke team service rapidly (i.e., within 15 minutes of request for service).</p> <p>(b). Are ED personnel knowledgeable regarding the function of the stroke team.</p> <p>4. Do ED staff (e.g., nurses, physicians) participate in continuing stroke education.</p>				
<p><u>SUPPORT SERVICES</u></p> <p><u>Neuroimaging Services</u></p> <p>1. Does the hospital have the capability to perform neuroimaging 24 hours/day, 7 days/wk (cranial CT Scan/brain MRI). If not, what are the hours of operation.</p> <p>2. Are the following available:</p> <p>(a). Rapid scans (i.e., patient scan performed within 25 minutes of being ordered).</p> <p>(b). Rapid interpretation by a physician with experience in acute stroke neuroimaging (i.e., within 20 minutes of scan completion).</p>				

<i>QUESTION</i>	<i>YES</i>	<i>NO</i>	<i>N/A</i>	<i>COMMENT</i>
<u>Neurosurgical Services</u> 1. Does the hospital have neurosurgical services available, directly or indirectly, 24 hours/day, 7 days/week. 2. Is the service available within two hours of when it is deemed clinically necessary, either: (a). On-site, or (b). by patient transfer to another hospital for such service and evaluation within two hours.				
<u>Laboratory Services</u> 1. Does the hospital have the capability to perform the following services 24 hours/day, 7 days/week: (a). Chest xray (b). EKG (c). Routine serum chemistry, hematology, coagulation studies. 2. Does the hospital have the capability to perform the services rapidly (i.e., results within 45 minutes of order).				

<i>QUESTION</i>	<i>YES</i>	<i>NO</i>	<i>N/A</i>	<i>COMMENT</i>
<p><u>Quality Improvement:</u></p> <p>1. Does the hospital have an ongoing system to collect and analyze patient outcome data to monitor the effectiveness and safety of services, and to identify and make changes that will improve services.</p> <p>2. Is data collected for all patients with acute cerebral ischemia who arrive in the ED within 3 hours of symptom onset.</p> <p>3. Does the data collection include:</p> <p>(a). Time of patient symptom onset</p> <p>(b). Time of patient ED arrival</p> <p>(c). Time of CT/MRI completion</p> <p>(d). Time of initiation of intravenous thrombolytic therapy</p> <p>(e). If intravenous thrombolytic therapy is not administered, reason(s) for non-treatment</p> <p>(f). In-hospital patient outcome (e.g., complications, mortality, discharge destination)</p> <p>(g). Other _____</p> <p>4. Is an ongoing service review conducted including information such as:</p> <p>(a). Number of stroke patients/type of strokes patients experienced</p> <p>(b). Complications</p> <p>(c). Compliance with stroke protocols</p> <p>(d). Adherence to recommended time targets</p> <p>(e). Other _____</p>				

<i>QUESTION</i>	<i>YES</i>	<i>NO</i>	<i>N/A</i>	<i>COMMENT</i>
<u>Educational Programs</u> 1. Does the hospital provide continuing education in stroke prevention, diagnosis and treatment, for professional staff (MD, RN, allied health professionals). (a). Frequency of training provided for staff. (b). Hours of training provided. 2. Does the hospital provide public education (i.e., Information on stroke prevention, symptom recognition and available acute therapies). (a). Types of educational services (e.g., news-letters, public service announcements, other). Please describe. (b). Frequency of public educational services.				
<u>Other</u> 1. Given any impediments identified in previous questions, briefly describe what additional resources the hospital would need to deploy in order to be designated. 2. General Concerns/Issues?				

Thank you for your participation in this survey.

Hosp.: Primary Stroke Service Questionnaire